

No. **C 136505**

Due no later than December 31, 2005

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

LAKE CITY OPHTHALMOLOGY, P.A.
ROBERT L MULVIHILL MD
2294 HAYDEN VIEW DR
COEUR D ALENE, ID 83815ROBERT L MULVIHILL MD
2294 HAYDEN VIEW DR
COEUR D ALENE, ID 838153. New Registered Agent Signature**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office heldNameStreet or P.O. AddressCityStateZip

President: Robert L. Mulvihill MD
2294 Hayden View Dr, Coeur d'Alene, ID, 83815

Treasurer: Sersi Mulvihill
2294 Hayden View Dr, Coeur d'Alene, ID, 83815

5. Organized Under the Laws of:

IDAHO
C 136505

6.

Signature

Date

Name (Typed or Printed)

Title

Issued 10/03/2005

Do Not Tape or Staple

200512007254